

Characterization of Care Provided at a Reception and Support Center for Workers Who Have Tested Positive for COVID-19

Caracterização dos Atendimentos Realizados em Centro de Acolhimento e Apoio a Trabalhadores Positivados para COVID-19

Caracterización de los Atendimientos Realizados en un Centro de Acogida y Apoyo a Trabajadores Diagnosticados Positivos para COVID-19

RESUMO

Objetivo: Caracterizar os trabalhadores e atendimentos realizados no Centro de Acolhimento e Apoio Psicológico (CAP) durante a pandemia da COVID-19. **Métodos:** Estudo descritivo utilizando dados de atendimento do CAP, entre abril de 2020 e julho de 2021. Frequências absolutas/relativas foram calculadas para variáveis qualitativas e medidas de tendência central para quantitativas, usando SPSS versão 22 para análise. **Resultados:** Foram atendidos 2.105 trabalhadores, com maior número em julho e junho de 2020. Apenas 4,6% buscaram o serviço por demanda espontânea, entretanto 51,8% foram inseridos no serviço após testagem positiva para a COVID-19. 82% dos trabalhadores realizaram apenas o primeiro atendimento e 63,6% dos atendimentos foram do tipo acolhimento. Predominaram trabalhadoras do sexo feminino (69,7%), que atuam na rede estadual de saúde (77,2%) e na área de enfermagem (24,8%). **Conclusão:** Estratégias como essa são fundamentais em crises sanitárias e devem ser fortalecidas e expandidas visando a promoção da saúde dos trabalhadores.

DESCRIPTORIOS: Trabalhadores da saúde; Pandemia da COVID-19; Acolhimento; Apoio psicológico.

ABSTRACT

Objective: To characterize the workers and services provided at the Psychological Support and Reception Center (CAP) during the COVID-19 pandemic. **Methods:** Descriptive study based on data from CAP services provided between April 2020 and July 2021. Absolute/relative frequencies were calculated for qualitative variables and measures of central tendency for quantitative variables, using SPSS version 22 for analysis. **Results:** A total of 2,102 workers were served, with the highest number in July and June of 2020. Female workers (74.6%) and nursing workers (24.7%) predominated. Only 4.6% sought the service out of spontaneous demand; however, more than half (51.7%) were included in the service after testing positive for SARS-Cov-2. 83.5% received only the first consultation, and 59.3% claimed not to need any type of follow-up, while 2.9% were referred for psychological care; 0.5% for psychiatric care and 1.4% received other types of referrals. **Conclusion:** Strategies like these are essential in times of health crisis and must be strengthened and expanded to promote the health of workers.

DESCRIPTORS: Health Workers; Pandemic; Reception; Psychological support.

RESUMEN

Objetivo: caracterizar a los trabajadores y servicios prestados en el Centro de Acogida y Apoyo Psicológico (CAP) durante la pandemia de COVID-19. **Métodos:** Estudio descriptivo con datos del servicio CAP, entre abril de 2020 y julio de 2021. Se calcularon frecuencias absolutas/relativas para variables cualitativas y medidas de tendencia central para variables cuantitativas, utilizando el programa SPSS versión 22 para el análisis. **Resultados:** Se atendieron 2.105 trabajadores, siendo el mayor número en julio y junio de 2020. Sólo el 4,6% buscó el servicio por demanda espontánea, sin embargo el 51,8% fue incluido en el servicio tras dar positivo a SARS-CoV-2. El 82% de los trabajadores solo prestó el primer servicio y el 63,6% de los servicios fueron de acogida. Predominaron las trabajadoras (69,7%), quienes laboran en la red estatal de salud (77,2%) y en el área de enfermería (24,8%). **Conclusión:** Estrategias como esta son fundamentales en las crisis sanitarias y deben fortalecerse y ampliarse para promover la salud de los trabajadores.

DESCRIPTORIOS: Trabajadores de la salud; Pandemia; Recepción; Apoyo psicológico

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INTRODUCTION

On March 11, 2020, the World Health Organization (WHO)¹ issued a statement declaring a pandemic caused by the new SARS-COV-2, given the continental proportions reached by COVID-19², its high infectivity and high rate of human mobility worldwide^{1,3}. In this context, when health workers took on the front line of controlling the public health emergency, they were faced with a new epidemiological scenario. Characterized by the advance of the disease, high mortality and lack of knowledge about the new virus, this scenario, combined with work overload, insufficient personal and collective protective equipment (PPE), and social distancing, has increased fear and anxiety among workers, resulting in their physical and mental illness^{5,6}.

The precarious working conditions exposed by the pandemic gave greater visibility to the state of vulnerability

of workers, configuring as a routine in the services the expansion of the workload and work shifts; the suppression of days off, vacations and leaves; consequences of the inadequate sizing of the workforce and sick leave of workers, among them, due to contamination by Covid-19 and abrupt organizational changes to changes in routines, which culminated in the weakening of the mental health of workers^{4,11}.

It should be noted that exposure to the high psychosocial demands experienced by health workers predates the pandemic, thanks to the stressful and complex characteristics of the type of work carried out and the increasing precariousness of work⁷. The Work-Related Mental Disorders (WRMD) have become a common demand among workers, reaching an ever-increasing proportion, characterizing them as a public health problem, the most frequent being depression and anxiety. During the pandemic, due to the scenario of uncertainty about

the disease, the grief faced by the loss of family members, friends and co-workers, as well as changes in the work environment, anxiety and depression among workers increased.⁸⁻¹⁰

Faced with this scenario, the Bahia State Directorate of Work Management and Health Education (DGTES), based on the Comprehensive Workers' Health Care Program (PAIST)¹² and based on the SUS Humanization Policy, as part of the State Contingency Plan for Coping with the New Coronavirus, structured the Psychological Care and Support Center (CAP), through a partnership between the Integrated Workers' Health Care Service (SIASST Assistencial) and the State Reference Center for Elderly Health Care (CREASI). This service offered remote reception and psychosocial care to workers at health units in Salvador who tested positive for COVID-19¹³.

The CAP was set up following meetings between DGTES and the

other partners involved in implementing the service, with a view to identifying professionals with the profile to make up the team, drawing up service flows and designing the proposal for the service to be offered. The team was made up of a psychologist, psychiatrist, occupational physician, social worker and administrative assistant from the various units of the Bahia State Health Department (SESAB), who were available for 40 hours a week to provide psychological support to workers. The team met on a weekly basis in order to carry out internal alignments with the team and discuss cases.

Among the services offered by CAP's multi-professional team are psychosocial care, psychotherapy, psychiatric care, extended clinical care and integrative practices. The flow of care was based on spontaneous demand for the service or contact with workers after testing positive for COVID-19. The services offered by CAP were available from April 2020 to November 2021 and contributed to a care approach to the process of illness and suffering that considered the uniqueness of the subject and the complexity of the health-disease process during the first two years of the COVID-19 pandemic¹³.

The service faced a number of challenges: firstly, the pioneering implementation of a remote psychological support service (in accordance with the resolution of the Federal Council of Psychology CFP No. 4 of March 26, 2020)¹⁴ in a pandemic scenario never experienced by the professionals involved, and the design of technical procedures between professionals from different categories and with equally diverse practices. In addition, there were difficulties in referring more complex cases to the hospital referral network, as well as difficulties in discussing and following up some cases with the respective units, as they do not have a structured occupational health care service.

That said, this article aims to characterize the workers and care provided at CAP during the COVID-19 pandemic.

METHOD

This is a descriptive study based on data made available by SIAST Assistencial regarding care provided at CAP, in the city of Salvador-Bahia, between April 2020 and July 2021, when the service was operational.

Care records were kept in the medical records and part of the data was recorded in an Excel spreadsheet. For this study, the database was qualified and the information recorded only in medical records was transferred and systematized in an Excel spreadsheet. The variables used in this study were sociodemographic/occupational: gender; job title; function; unit. To analyze the demand for the service, we used the variables related to care: month, year, whether there was medical advice, whether they took part in integrative practices, whether there was psychological care and whether there was a referral.

Absolute and relative frequencies were calculated for the qualitative

variables and measures of central tendency (mean, median and range) for the quantitative variables. The data was analyzed using the software Statistical Package for the Social Sciences (SPSS), IBM, version 22.

This study is part of the Work Education Program for Health (PET-Saúde), linked to the macro-project Monitoring the Environment and Work Process in Hospitals of the SUS Network, and has CAEE approval number 38382320.9.3003.0057.

RESULTS

The Psychological Reception and Support Center assisted 2,105 workers from SESAB care units and other locations. A total of 3,355 consultations were carried out, with the possibility of the same worker receiving more than one consultation between April 2020 and July 2021.

On average, 210 appointments were made per month, peaking in July 2020 with 589 (17.6%), followed by June 2020 with 526 (15.7%). The lowest number of visits per month was in July 2021, with 6 (Table 1).

Table 1. Monthly distribution of services provided to workers by the Psychological Reception and Support Center (CAP), from April 2020 to July 2021, Salvador, Bahia.

Month and year	N	%
April/2020	115	3,4
May/2020	441	13,1
June/2020	526	15,7
July/2020	589	17,6
August/2020	360	10,7
September/2020	247	7,4
October/2020	220	6,6
November/2020	100	3,0
December/2020	151	4,5
January/2021	78	2,3
February/2021	128	3,8
March/2021	158	4,7

April/2021	88	2,6
May/2021	75	2,2
June/2021	73	2,2
July/2021	6	0,2
Total	3.355	100,0

Of the total number of visits, only 4.6% were spontaneous. While more than half of the appointments (51.8%) were made after referral from the Testing Center to COVID-19 after a positive test result, and for 43.6% of the appointments there was no record of the type of entry into the service

(Table 2). The majority of appointments (63.6%) were of the reception type, followed by psychological care (27.4%), integrative and complementary health practices (3.4%) and medical advice (1.8%) (Table 2). It should be noted that, after the reception, the worker could continue to be moni-

tored at the CAP, or be referred to the health network for psychiatric or psychological care, or the worker might not need to be monitored at all. The number of appointments per worker varied from 1 (82.2%) to 33 (0.05%), with an average of 1.5 appointments per worker (Table 2). Those who received a single consultation only went through the reception stage, where it was verified that there was no need to continue with the follow-up or the worker did not want to continue being assisted.

Table 2. Characteristics of care provided to workers by the Psychological Support and Reception Center (CAP), from April 2020 to July 2021, Salvador, Bahia.

Variables	N	%
Type of demand [n=3,355]		
Testing Center	1.737	51,8
Spontaneous	155	4,6
Unidentified	1.463	43,6
Type of care provided [n=3,355]		
Welcome	2.133	63,6
Psychological care	920	27,4
Medical advice	59	1,8
Integrative and Complementary Health Practices	115	3,4
Unidentified	128	3,8
Number of visits per worker [n= 2,105]		
1 service	1.731	82,2
2 appointments	154	7,3
3 appointments	79	3,8
4 appointments	40	1,9
5 appointments	19	0,9
6 to 10 appointments	57	2,7
11 or more appointments	25	1,2

With regard to the profile of the workers attended according to sector and area of work, it was found that among the women, 82.5% were health workers working in units of the State Health Department (SESAB) network, 4.6% were health workers with

links to other institutions and some of them, 8.2%, had links to areas other than health. As for the men, the majority (77.2%) were health workers working for SESAB, followed by those working in other areas (25.4%). Although the CAP was geared towards

providing care to health workers, professionals working in other areas, such as security, sought care and were welcomed (n=283). For 5.0% of the workers, no relationship was identified (Table 3).

Table 3. Sector and area of activity of workers assisted by the Center for Psychological Reception and Support (CAP), by sex, from April 2020 to July 2021, Salvador, Bahia.

Variables	Female		Male		Total	
	N	%	N	%	N	%
Sector of activity						
Health Workers / SESAB	1.210	82,5	414	64,9	1.624	77,2
Health Workers / Other institutions	67	4,6	26	4,1	93	4,4
Other areas of activity	121	8,2	162	25,4	283	13,4
Not informed	69	4,7	36	5,6	105	5,0
Area of activity						
Health/Nursing	469	32,0	53	8,3	522	24,8
Health/Multiprofessional	284	19,4	78	12,2	362	17,2
Administrative and Management	444	30,3	193	30,3	637	30,3
Cleaning	73	5,0	32	5,0	105	5,0
Defense	15	1,0	78	12,2	93	4,4
Others	32	2,2	83	13,0	115	5,5
Not informed	150	10,2	121	19,0	271	12,9
Total	1.467	100,0	638	100,0	2.105	100,0

SESAB = Bahia State Health Department

Workers working in the Administration and Management area accounted for 30.3% of the workers who sought out CAP's services, the largest proportion of whom were administrative assistants, receptionists and coordinators. Of this group, 69.7% were female (n=444) and 30.3% (n=193) male. The second group with the highest percentage of workers was nursing (24.8%). This category includes nursing technicians, nurses and nursing assistants. Of all the nursing workers, 89.8% (n=469) were female and 10.2% (n=53) male. It is worth noting that 271 people (12.9%) did not have their functions identified, of whom 55.3% (n=150) were female and 44.7% (n=121) male (Table 3).

DISCUSSION

The implementation of a psychological care service for workers, along the lines implemented by CAP, is a pioneering strategy in workers' health,

in the midst of the pandemic context. The provision of care for COVID-19 positive workers, by a multi-professional team, has expanded care, enabling comprehensive attention to be paid to the mental, physical and occupational health demands presented by the workers welcomed into the services. This differentiates CAP from other services that were set up with the same objective during the pandemic, but which were restricted to psychological support^{15, 16, 17}.

The flow structured for the CAP's operation included, at first, a stage of welcoming the worker who, at the end, informed them whether or not they wanted psychotherapeutic follow-up¹³. In this way, all the workers were welcomed by the multi-professional team, but not all of them opted for follow-up care, which explains the average of 1.532 consultations per worker. This can also be explained by the time lag between the positive result and it being made available, so that the CAP team could contact the worker to of-

fer psychosocial care. This time lapse may have contributed to the emotional recovery of the worker from Covid-19, who no longer required so much mental health care to continue with psychological monitoring.

Furthermore, during the structuring of the service, there was low adherence to spontaneous demand. From this, it is possible to infer that mental health is still treated in a fearful way, crossed by stigmas that result in insufficient treatment compared to other illnesses, including by health workers. According to Raposo¹⁸ (2020), the stigma associated with mental illness is one of the main obstacles facing mental health care around the world, affecting people's behavior in seeking help, recognition and care, as well as acceptance of diagnosis and treatment.

Another possible explanation for the low level of spontaneous demand is the phenomenon of heroification discussed by Ferreira¹⁹ (2020) and Miasato²⁰ (2022). This phenomenon is triggered by society's need to create heroes

who meet social demands in a given context, generating feelings of hope for humanity. From this perspective, it can be inferred that health workers, now heroified, don't feel, don't fail, don't get sick, are strong and infallible, a process that disregards their subjectivities, reduces the search for care for these people and impacts on the realization of self-care.

As a result, a new strategy was adopted for attracting workers, which involved actively searching for positive workers using the database of the Testing and Reception Center (CTA)¹³. The results indicate the success of the strategy, since more than half the number of workers were included in the service. On the other hand, there was a high rate of unidentified data due to incomplete recording of information in some cases, which can be explained by the prioritization of listening to and welcoming workers during the epidemiological and social emergency at the start of the pandemic, to the detriment of standardized recording, despite training the team on how to fill in the spreadsheet. It is important to mention the difficulties related to the absence of an information system, the overload of workers and the organization of a new service, which had several demands.

The highest average number of CAP visits in July and June 2020 corresponds to the period of increased coronavirus case registrations in Brazil, during epidemiological weeks 24 to 31²¹. In the state of Bahia, the epidemiological bulletins showed a first wave between the months of June and August, reaching the pandemic peak in July 2020²². Thus, it is clear that the increase in the number of COVID-19 positive workers assisted by the service has followed the general trend of cases.

With regard to the fact that the largest number of healthcare workers are from the nursing field, among all the health areas, it is worth noting that this profile is in line with the predominant workforce in the health area in Brazil⁴,

as well as with the behavior of the data from the Nursing Profile in Brazil. In the state of Bahia, there is a preponderance of nursing assistants and technicians compared to the number of nurses²³.

Another important observation regarding the predominance of the nursing field refers to the fact that it is highly representative of the healthcare workforce and vulnerable to psychological distress. This is very much due to the precarious working conditions, the poor quality of the work environment and relationships with coworkers and health users, as well as dissatisfaction with salaries and high work intensities²⁴. For these reasons, psychosocial care actions for these workers are so necessary.

In addition to predominating in the field of nursing, women are also the majority of health workers in general and, in the context of the pandemic, they have faced multiple risks to their health, well-being and safety²⁵, which justifies the majority presence of the female public during the CAP's operation⁴. It is important to note that women are responsible for multitasking and, when they enter the market, they face social inequalities, ranging from the composition of employment relationships, remuneration, in addition to domestic responsibility²⁶. Therefore, in the context of the pandemic, the excess of responsibilities may have increased their risk of becoming ill, not only due to the COVID-19 disease itself, but also due to the physical and mental health repercussions of unequal exposure to these risks and the overload²⁶.

The results also show the participation of another contingent who, although not directly involved in care, work in support sectors, such as administrative staff and security personnel, reception, nutrition and food, cleaning and maintenance of equipment, among others. Studies have reported that, in the context of the pandemic, many of these workers, sometimes invisible, did

not feel safe or protected to carry out their work, were not trained to deal with the new scenario and were overworked²⁷.

Although CAP was created to serve only health workers, due to the emergency context, there was a need to expand the offer of testing to sectors other than health, which is why services were provided to workers from other departments, philanthropic institutions, long-term care facilities and private companies.

As for the low frequency of integrative practices, this can be explained by the large number of workers who didn't continue with the service after the first visit, i.e. the welcome. Another aspect that should be taken into account is that the PICS were offered online and there was only one professional in the service to carry out the activity with the workers. We can infer that in addition to the difficulty workers have in finding time during their shift to apply integrative practices, their work overload, the service's opening hours and the lack of appreciation for self-care, PICS are still not widely disseminated and consequently little known by workers, especially in terms of their health benefits²⁸.

The study's limitations include the lack of standardized data collection in the database. This lack of standardization is reflected in the high rate of gaps in some variables and the incomplete recording of data in some consultations. Due to the deficiency in filling in data from the medical records, it was possible to observe that there were a considerable number of workers whose employment relationship was not identified.

Despite this, listening to the male and female workers allowed us to strengthen our ties with the professionals on the front line and gave this team the certainty of the importance of a psychological support service in a context full of tensions and uncertainties, as well as the satisfaction of being part

of innovative work.

FINAL CONSIDERATIONS

The high frequency of nursing and administrative staff, especially females, is in line with what is observed in Bahia's health services, since 74.6% of the professionals treated at CAP were female and nurses, nursing technicians and assistants were the professional categories that received the most care. With regard to psychological care, it is worth highlighting the importance of the service provided by CAP to health workers during the peak of the pan-

demic, although it was deactivated in 2022. In view of the relevance of mental health care for workers even after the end of the Covid-19 public health emergency, there is an urgent need to reimplement and expand the services offered by CAP, with an increase in the number of multi-professional staff, valorization and dissemination of PICS, prioritizing health care for health workers.

The pandemic period has brought the need to make professionals who work caring for the health of the population visible, and health care for them is imperative, with public policies that

provide better working conditions in force even after the coronavirus pandemic.

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